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Date:	January 3, 2007	Phone Number	Fax Number
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From:	C. Douglas McDonald, Jr.	813.229.4234	813.229.4133

Client/Matter No.: 48771/24135

Employee No.: 0182

Total Number of Pages Being Transmitted, Including Cover Sheet: 8

Message:

RE: Application Serial No. 10/711,868
STATUS REQUEST

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CARLTON FIELDS, P.A.

Atlanta Miami Orlando St.Petersburg Tallahassee Tampa West Palm Beach

JAN 03 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE: Patent Application Serial No. 10/711,868
APPLICANT: Laghi, Aldo A.
TITLE: Mask Seal Interface
FILING DATE: 10/11/2004
EXAMINER: (unassigned)
GROUP ART UNIT: 3743

STATUS REQUEST

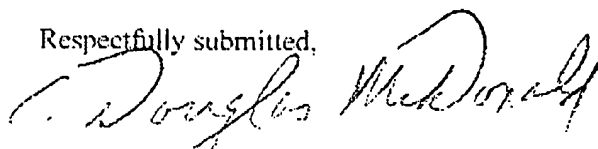
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Alexandria, VA 22313-1450

Sir:

The subject patent application was filed on October 11, 2004, as shown by the enclosed photocopy of the Filing Receipt.

In view of the long period of time since the filing of that application, Assignee, through its undersigned attorney, respectfully requests to be informed of the status of the application. A duplicate of this letter is enclosed for your convenience.

Respectfully submitted,



C. Douglas McDonald
Registration No. 26,659
CARLTON, FIELDS, P.A.
P.O. Box 3239
Tampa, FL 33601-3239
(813) 223-7000
Attorney for Assignee

TPA#2310403.1

Applicant: Laghi, Aldo A.
Title: Mask Seal Interface
Examiner: (unassigned)

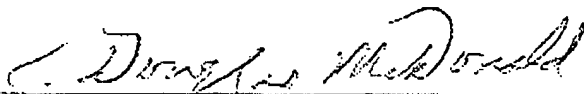
Serial No. 10/711,868
Filed: 10/11/2004
Group Art Unit: 3743

Status Request

Page No. 2

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

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C. Douglas McDonald, Attorney of Record

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/711,868	10/11/2004	3743	485	1098.61	10	30	3

CONFIRMATION NO. 5867

21901

SMITH & HOPEN PA
15950 BAY VISTA DRIVE
SUITE 220
CLEARWATER, FL 33760

FILING RECEIPT



OC000000015437815

Date Mailed: 03/14/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Aldo A. Laghi, Clearwater, FL;

Power of Attorney: The patent practitioners associated with Customer Number 21901.

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 03/11/2005

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is **US10/711,868**

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

** SMALL ENTITY **

Title

Mask seal interface

Preliminary Class

128

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Serial No. 10/711,868 Atty. File No. 48771/2435 Atty. D McDONALD
In the Matter of the Application of LAGHI, AGDO A.
Client ALPS SOUTH CORP. Date Mailed 6/13/05 Due Date _____
Via U.S. Express Mail No. _____ Via 1ST CLASS MAIL

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PTO/SB/21 (10-04)

Approved for use through 07/31/2006. OMB 0551-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/711,868
	Filing Date	10/11/2004
	First Named Inventor	Laghi, Akio A.
	Arl Unit	3743
	Examiner Name	Not assigned
Total Number of Pages in This Submission	Attorney Docket Number	48771/24135

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Carlton Fields, P.A.		
Signature			
Printed name	C. Douglas McDonald		
Date	06/03/05	Reg. No.	26,659

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Signature			
Typed or printed name	C. Douglas McDonald	Date	06/03/05

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NEW POWER OF ATTORNEY
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/711,868
Filing Date	10/11/2004
First Named Inventor	Laghi, Aldo A.
Art Unit	3743
Examiner Name	Not assigned
Attorney Docket Number	48771/24135

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24108

☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
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OR

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Individual Name

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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Aldo A. Laghi, President of Alps South Corporation (Assignee)

Date

5/26/05

Telephone

(727) 528-8566

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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